

Letter to the Editor

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Dear Editor,

Recently, in American Urological Association Meeting Program, we have read with great interest the excellent review by Sehgal et al. (<https://www.auajournals.org/doi/10.1097/JU.0000000000002105.17>) on the total cost-effective analysis of the primary treatment of acute ureteral colic caused by ureteral calculus. The authors compared the total cost of treating obstructive ureteral calculus with primary ureteroscopy (URS), ureteral stenting, and shock wave lithotripsy (SWL). It was obvious that the cost of the ureteral stenting group was significantly higher. Although it provided a basis and reference for the treatment in acute ureteral colic, this research does not seem to be practical or significant in our country. In recent years, the case of ureteral calculus has been rising in China, especially in the south area [1]. According to the statistics, approximately 600 individuals undergo URS for acute renal colic every year, and 95% of the patients are suffering from ureteral calculus. When a patient with acute renal colic is admitted, the primary goal of treatment is to relieve pain symptoms and then communicate the treatment options, such as SWL, URS, and conservative treatment. The ureteral stenting is only for pregnant women with unrelieved renal colic and acute renal insufficiency caused by bilateral ureteral obstruction and un-

controlled urinary tract infections. Besides, most patients were referred more to URS or SWL when they were told a very good likelihood of reoperation for ureteral calculus after ureteral stenting. In addition, the hospitalization costs of patients who are referred to the same surgical intervention vary significantly from center to center. For example, the average costs of URS between provincial medical institutions and municipal medical centers differ by a factor of 2–3, even though the latter also possess matured techniques [2]. Nowadays, the majority of Chinese people are covered by social health insurance [3]. During hospitalization, most people did not consider the costs of the entire medical procedure but workdays, hoping to minimize the lengths of hospital stay and unwilling to undergo phase II surgery. Actually, patients treated with URS under general anesthesia in our hospital can be discharged within 2–3 days after surgery, with the overall cost during hospitalization being about 15,000–17,000 RMB or several thousand RMB after settlement. During the COVID-19 pandemic, both the state and medical authorities have urged residents to avoid unnecessary outpatient unless the condition is serious or they are one of the close contacts. Everyone will be quarantined compulsorily around the medical center. Therefore, patients with ureteral calculus are likely to choose the treatment with

the highest potential efficiency rather than being enrolled in a surgical approach. Obviously, URS is the most cost-effective among the 3 treatment plans for ureteral calculi. As for the relief of acute renal colic, SWL does not seem to be so effective.

Conflict of Interest Statement

All the authors declare no conflict of interests.

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Author Contributions

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